

**VIRGINIA EMPLOYMENT COMMISSION  
EMPLOYER ACCOUNT CHANGE NOTICE (VEC FC-20-C)**

**This form is made available to employers registered with the VEC who need to update their account information. Please complete this form, print, sign and mail to: Virginia Employment Commission, PO Box 1174, Richmond, VA 23218-1174.** Specific questions regarding your account may be addressed to the VEC Employer Accounts Unit at 804-786-2174, or your nearest VEC Field Office. This form is web-enabled using Adobe Reader 4.0 or higher. Use the TAB key to move from field to field.

VEC Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

Please make the following change(s) to my VEC employer account information:

Corporate name changed to: \_\_\_\_\_

Trade name changed to: \_\_\_\_\_

Mailing Address changed to: \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Physical location/address changed to: \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Company dissolved, no successor. Date Dissolved: \_\_\_\_\_

Ownership change: Sold to, or merged with, successor:    In part        In whole

Name & mailing address of successor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Date of sale: \_\_\_\_\_ Date wages last paid: \_\_\_\_\_

Predominant type of business: \_\_\_\_\_

Telephone number of previous owner: \_\_\_\_\_

Telephone number of new owner: \_\_\_\_\_

*The Virginia Employment Commission is an Equal Opportunity Employer/Program.  
Auxiliary aids and services are available upon request to individuals with disabilities.*